



CITY ID BADGE AUTHORIZATION FORM

(PLEASE PRINT)



Is this employee: ☐ Regular ☐ Temporary ☐ Contracted ☐ Shelby County

Employee Name _____ Service Center Number _____

Employee Number _____ Fund Number _____
(IF KNOWN - number assigned in HRMS system, not social security) (for billing purposes, i.e. 111 for general fund)

This employee should be provided electronic access to secured areas: ☐ Yes ☐ No
(i.e. after-hours City Hall access, police garage access, access to a specific secured location, etc. and any time restrictions to this access)

Has a City ID badge been issued for this employee previously? ☐ Yes ☐ No

If yes, is previous badge being returned? ☐ Yes ☐ No (____ HR initials)

If not, please explain. _____

IMPORTANT: Any lost or stolen electronic City ID badge must be reported to Operation - City Hall (576-6766) immediately for deactivation. It is the responsibility of the manager to recover the ID badge when employment ends. City ID badges are the property of the City of Memphis and may be recalled/deactivated at any time without notice.

Once completed, contact Compensation/Records Administration (City Hall - Room 1B-38) at 901-636-6569 to schedule a time to have the ID badge made. Remember to bring this form (and City Hall Access Authorization Form, if applicable for electronic access). The next step to have electronic access level set is to bring a copy of this form to Operation - City Hall (Room 1B-03).

Should you have any questions regarding City ID badges, please call Compensation/Records Administration at the above number. Should you have any questions regarding electronic access, call Operation - City Hall at 636-6766.

I authorize this employee to receive a City employee ID badge with the access described above and for the service center above to be billed for the cost (\$12 non-electronic, \$17 electronic).

Manager's Name _____ Title _____ Phone _____

Manager's Approval Signature _____ Date _____

IF AFTER HOURS/WEEKEND CITY HALL ACCESS OR ACCESS TO THE 7th FLOOR OF CITY HALL, CITY COUNCIL OFFICE, OR NETWORK OPERATIONS CENTER (NOC) -CITY HALL 2B-48 IS BEING REQUESTED:

Division Director's Approval Signature _____ Date _____